

SUBMIT: COMPLETED APPLICATION, TAX  
STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

Class A  
APPLICATION FOR PERMIT  
BAYFIELD COUNTY PLANNING  
Date Received  
OCT 24 2012  
Bayfield Co. Zoning Dept.

Permit #: 12-0478  
Date: 12-14-12  
Amount Paid: \$175.00-25-12  
Refund: \$175.00-25-12

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website [www.bayfieldcounty.org/zoning.asp](http://www.bayfieldcounty.org/zoning.asp))

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input checked="" type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: <u>Jon &amp; Karin Wolstead</u>	Mailing Address: <u>5032nd Diversey Rd. Whitefish Bay, WI 53217</u>	City/State/Zip:	Telephone: <u>414-964-9976</u>
Address of Property: <u>19250 Old Hwy. 43 South</u>	City/State/Zip: <u>Grandview, WI - 54839</u>	Contractor Phone: <u>Plumber:</u>	Cell Phone: <u>414-339-2183</u>
Contractor: <u>North Country Vacation Rentals</u>	Agent Phone: <u>715-739-6645</u>	Agent Mailing Address (include City/State/Zip): <u>Bay 130 Drummond, WI 54832</u>	Written Authorization <u>Attached</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Authorized Agent: (Person Signing Application on behalf of Owner(s)) <u>Kathleen Johnson</u>	PIN: (23 digits) <u>04-021-2-45-06-30-2 03-000-10000</u>	Recorded Document: (i.e. Property Ownership) Volume <u>1674</u> Page(s) <u>567</u>	
PROJECT LOCATION <u>5 1/2 1/4, NW 1/4</u>	Gov't Lot	Lot(s)	CSM
	Vol & Page	Lot(s) No.	Block(s) No.
Section <u>30</u> , Township <u>45</u> N, Range <u>6</u> W	Town of: <u>Grand View</u>		Lot Size
			Acreage <u>17.314</u>
<input checked="" type="checkbox"/> Shoreland <input type="checkbox"/> Non-Shoreland	<input checked="" type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <input type="checkbox"/> If Yes--continue <input checked="" type="checkbox"/> <input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage <input type="checkbox"/> If Yes--continue <input checked="" type="checkbox"/>	Distance Structure is from Shoreline: <u>120+</u> feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Distance Structure is from Shoreline: <u>      </u> feet	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Value at Time of Completion * include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$	<input type="checkbox"/> New Construction <input type="checkbox"/> 1-Story <input type="checkbox"/> Seasonal <input type="checkbox"/> 1 <input type="checkbox"/> Municipal/City	<input type="checkbox"/> Addition/Alteration <input type="checkbox"/> 1-Story + Loft <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> 2 <input type="checkbox"/> (New) Sanitary Specify Type: <u>Sanitary</u>	<input type="checkbox"/> Conversion <input type="checkbox"/> 2-Story <input type="checkbox"/> 3 <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Conu</u>	<input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Basement <input type="checkbox"/> 3 <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/> Run a Business on Property <input type="checkbox"/> Foundation <input type="checkbox"/> None <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well
	<input checked="" type="checkbox"/> STR					

Existing Structure: (if permit being applied for is relevant to it)	Length: <u>      </u>	Width: <u>      </u>	Height: <u>      </u>
Proposed Construction:	Length: <u>      </u>	Width: <u>      </u>	Height: <u>      </u>

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	( <u>      </u> X <u>      </u> )	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	( <u>      </u> X <u>      </u> )	
	<input type="checkbox"/> with Loft	( <u>      </u> X <u>      </u> )	
	<input type="checkbox"/> with a Porch	( <u>      </u> X <u>      </u> )	
	<input type="checkbox"/> with (2nd) Porch	( <u>      </u> X <u>      </u> )	
	<input type="checkbox"/> with a Deck	( <u>      </u> X <u>      </u> )	
	<input type="checkbox"/> with (2nd) Deck	( <u>      </u> X <u>      </u> )	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> with Attached Garage	( <u>      </u> X <u>      </u> )	
	<input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities	( <u>      </u> X <u>      </u> )	
	<input type="checkbox"/> Mobile Home (manufactured date) <u>      </u>	( <u>      </u> X <u>      </u> )	
	<input type="checkbox"/> Addition/Alteration (specify) <u>      </u>	( <u>      </u> X <u>      </u> )	
	<input type="checkbox"/> Accessory Building (specify) <u>      </u>	( <u>      </u> X <u>      </u> )	
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) <u>      </u>	( <u>      </u> X <u>      </u> )	
<input type="checkbox"/> Municipal Use	<input checked="" type="checkbox"/> Special Use: (explain) <u>STR - class A</u>	( <u>      </u> X <u>      </u> )	
	<input type="checkbox"/> Conditional Use: (explain) <u>      </u>	( <u>      </u> X <u>      </u> )	
	<input type="checkbox"/> Other: (explain) <u>      </u>	( <u>      </u> X <u>      </u> )	

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

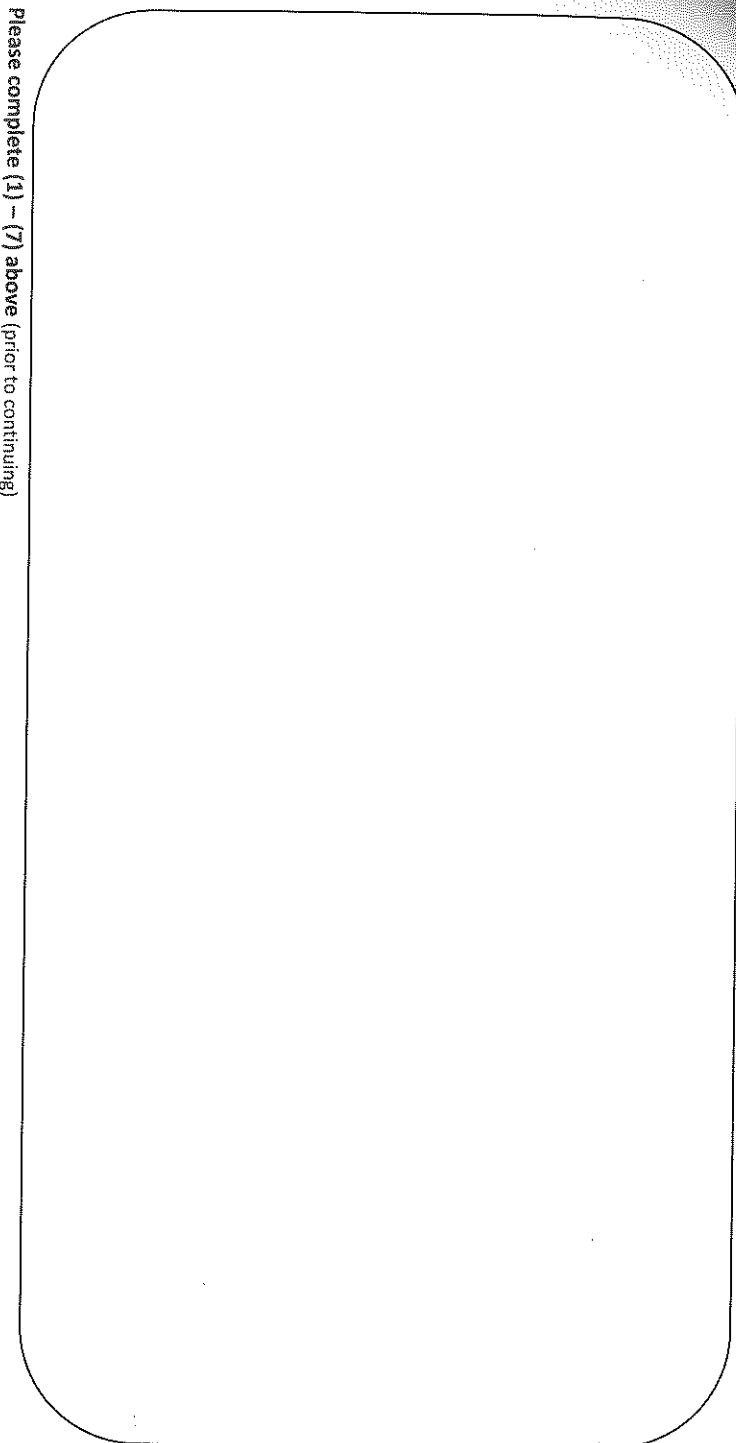
Owner(s): Jon & Karin Wolstead Date 10/1/12  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)  
Authorized Agent: Kathleen Johnson Date 10/1/12  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
Rec'd for Issuance: PO Box 130, Drummond, WI 54832 Attach Copy of Tax Statement  
Address to send permit: DEC 14 2012 If you recently purchased the property send your Recorded Deed

Secretarial Staff

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show location of: **Proposed Construction**  
(2) Show / indicate: North (N) on Plot Plan  
(3) Show location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road)  
(4) Show: All Existing Structures on your Property  
(5) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)  
(6) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond  
(7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	220'± Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	200'± Feet	Setback from the River, Stream, Creek	120'± Feet
Setback from the North Lot Line	100'± Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	N/A Feet	Setback from Wetland	130'± Feet
Setback from the West Lot Line	220'± Feet	Setback from 20% Slope Area	N/A Feet
Setback from the East Lot Line	N/A Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number: <u>126686</u>	# of bedrooms: <u>2</u>	Sanitary Date: <u>6-19-89</u>			
Permit Denied (Date):	Reason for Denial:						
Permit #: <u>12-0478</u>	Permit Date: <u>12-14-12</u>						
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Structure Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Inspected by: <u>MM. Fautale</u>	Zoning District: <u>(R-2)</u>		Lakes Classification: <u>(3)</u>		
Inspection Record:	Structure is existing. Simple building and exists.				Date of Re-inspection:		
Date of Inspection: <u>10-19-12</u>	Inspected by: <u>MM. Fautale</u>				Date of Re-inspection:		
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.)							

See TBA.

Signature of Inspector: Michael Gustaf

Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	Date of Approval: <u>10-22-12</u>
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An aerial photograph showing a road intersection. A road runs horizontally across the middle of the image, with another road intersecting it from the bottom right. The terrain is mostly forested with some cleared areas. Several text labels are overlaid on the image, including "04-021-2-15-06-30-2-03-000-50000" in multiple locations, "04-021-2-15-06-30-2-03-000-10000" in the center, "04-021-2-15-06-30-2-03-000-30000" in the top right, "04-021-2-15-06-30-2-03-000-10000" in the bottom right, "04-021-2-15-06-30-2-03-000-10000" in the bottom left, and "04-021-2-15-06-30-2-03-000-10000" in the top left. A scale bar in the top right corner indicates distances of 100, 200, and 400 feet. The text "US HWY 63" is visible on the road in the bottom right corner.



SUBMIT: COMPLETED APPLICATION, TAX  
STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

Class A  
APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
DEC 05 2012

Permit #: 10-04  
Date: 10-14-12  
Amount Paid: \$175  
Refund: \$175  
ENTERED

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.  
HOW DO I FILL OUT THIS APPLICATION (visit our website [www.bayfieldcounty.org/zoning/asp](http://www.bayfieldcounty.org/zoning/asp))

Bayfield Co. Zoning Dept.

TYPE OF PERMIT REQUESTED →		<input type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input checked="" type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name:		Richard H Cole		Mailing Address:		City/State/Zip:		Telephone:
Address of Property:		46460 W Jackson Cedar Rd		City/State/Zip:		Cable, WI 54821		Cell Phone:
Contractor:				Contractor Phone:		Plumber:		Plumber Phone:
Authorized Agent: (Person signing Application on behalf of Owner(s))		Mike Best		Agent Phone:		Agent Mailing Address (include City/State/Zip):		Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT LOCATION		Legal Description: (Use Tax Statement)		PIN: (23 digits)		Recorded Document (i.e. Property Ownership)		Volume 1933 Page(s) 537
1/4, 1/4		Gov't Lot	4	Lot(s)	1	CSM	Vol & Page	Lot(s) No.
Section 33, Township 44 N, Range 6 W		Town of: Grandview		Lot(s) No.		Block(s) No.		Subdivision:
<input checked="" type="checkbox"/> Shoreland →		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes---continue →		Distance Structure is from Shoreline: feet		Is Property in Floodplain Zone? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Non-Shoreland		<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →		Distance Structure is from Shoreline: feet		Lot Size		Acres
						1 acre		1.009

Value at Time of Completion * include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input checked="" type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Civil</u>	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input checked="" type="checkbox"/> 5	<input checked="" type="checkbox"/> 5	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
	<input checked="" type="checkbox"/> Existing	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length:	Width:	Height:

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	( )	( )
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	( )	( )
	with Loft	( )	( )
	with a Porch	( )	( )
	with {2 <sup>nd</sup> } Porch	( )	( )
	with a Deck	( )	( )
	with {2 <sup>nd</sup> } Deck	( )	( )
	with Attached Garage	( )	( )
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( )	( )
	<input type="checkbox"/> Mobile Home (manufactured date)	( )	( )
	<input type="checkbox"/> Addition/Alteration (specify)	( )	( )
	<input type="checkbox"/> Accessory Building (specify)	( )	( )
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	( )	( )
<input type="checkbox"/> Municipal Use	<input checked="" type="checkbox"/> Special Use: (explain) <u>Short-Term Rental</u>	( )	( )
	<input type="checkbox"/> Conditional Use: (explain)	( )	( )
	<input type="checkbox"/> Other: (explain)	( )	( )

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Rec'd for Issuance: P.O. Box 1361, Hayward WI 54843  
Address to send permit: DEC 10 2012

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Secretarial Staff

	Proposed Construction
(1) Show Location of:	
(2) Show / Indicate:	North (N) on Plot Plan
(3) Show Location of (*):	(*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show:	All Existing Structures on your Property
(5) Show:	(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*):	(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*):	(*) Wetlands; or (*) Slopes over 20%

**Changes in plans must be approved by the Planning & Zoning Dept.**

Description	Measurement	Description	Measurement
W. Jackson Lf Rd			
Setback from the Centerline of Platted Road	100	Setback from the Lake (ordinary high-water mark)	≈ 75
Setback from the Established Right-of-Way		Setback from the River, Stream, Creek	NA
base in city Kal.		Setback from the Bank or Bluff	NA
Setback from the North Lot Line	45		
Setback from the South Lot Line	34	Setback from Wetland	104
Setback from the West Lot Line	NA	Setback from 20% Slope Area	NA
Setback from the East Lot Line	NA	Elevation of Floodplain	1378
Setback to Septic Tank or Holding Tank		Setback to Well	
Setback to Drain Field			
Setback to Privy (Portable, Composting)	NA		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

**NOTICE:** All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwellings- All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number: <b>367554</b>		# of bedrooms: <b>3</b>		Sanitary Date: <b>5-7-01</b>	
Permit Denied (Date):		Reason for Denial:					
Permit #: <b>12-0477</b>		Permit Date: <b>12-14-12</b>					
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (fused/Contiguous lots) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Mitigation Required Mitigation Attached		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:	
Was Parcel Legally Created Was Proposed Building Site Delimited		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <b>NA</b>		Were Property Lines Represented by Owner Was Property Surveyed		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>NA</b>	
Inspection Record:							
Date of Inspection: <b>12-4-12</b>		Inspected by: <b>M. Funtak</b>		Zoning District: <b>(R-1)</b> Lakes Classification: <b>(1)</b>		Date of Re-Inspection:	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No — (If No they need to be attached)							
Signature of Inspector: <b>see TB4</b> <b>M. Funtak</b>		Date of Approval: <b>12-6-12</b>					
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input checked="" type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>	

